PETITION FOR MEMBER OF THE NEW JERSEY STATE SENATE

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

100 Signatures Required (N.J.S.A. 19:13-5)

TETHON OF BIREOT NOMINATION FOR TH	IL GENERAL ELEGIION		For Division of Elections Use:
LEGISLATIVE DISTRICT			Total Number of Signatures on this Petition
To the Honorable Secretary of State: (N.J.S.A	Total Number of Signatures on all Petitions		
Each signer of this petition certifies that the follo	owing statements are true:		
 I reside in the State of New Jersey in the	mination for the primary or for the	•	
(Name must appear the same on all petition booklets to be filed.)	(Please print or type name)		
Residential Address	City	Zip Code	
Post Office Address	City	Zip Code	
Candidate Email Address			

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on June 8, 2021). (N.J.S.A.19:13-9)

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
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AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

(N.J.S.A. 19:13-7)

The circulator/witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The circular/witness must take the affidavit for each set he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public).

State of New Jersey	:		
	: ss.		
County of	:		
(Print Name of Circulator/W signatures made thereto and veri	(itness) Ily believe that the signers disqualified from voting ur	ly sworn, upon my oath say that I personally circulare duly qualified voters. I am at least 18 years of der the State Constitution or election laws of New	of age, a resident of this State, a citizen of the
(List County where Affidavit was signe	N.J., on dand notarized)	(Signature of Circulator/Witness)	_
this(Day)	day of	(Residence Address of Circulator/Witness)	_
(Month)	, 20 (Year)	(City or Town of Circulator/Witness) (Zip Code	3)
(Notary Signature)			
(My Commission I			(Place Notary Stamp in the area above)

CANDIDATE'S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

County	Slogan (Please Print or Type)	
1		
2		
3		
4		

NOTE: There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.

NOTICE

All candidates are required by law to comply with the provisions of the "New Jersey Campaign Contributions and Expenditures Reporting Act."

For further information, please contact the Election Law Enforcement Commission at (609) 292-8700.

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE STATE SENATE:

Shall have attained the age of 30 years by the day of the swearing into office United States Citizen

Resident of New Jersey for four years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

State of New Jersey	:			
County of	:	: SS.		
,	, do	solemnly swear (or affirm) that I will support the Constitution	n of the United States and the Constitution
(Print Name of State Senate Candidate of the State of New Jersey; under the authority of the pe	that I will bear t	true faith and alle	giance to the same and to the Governmen	ts established in the United States and in this State,
So help me God.				
Sworn and subscribed to befor	e me in			
		N.J., on		
(List County where Oath was	s signed and notarized)		(Signature of State Senate Candidate)	
this day of	(Month)	_, 20 (Year)		
(Notary Signature)				
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ALL INFORMATION IS REQUIRED TO BE COMPLETED PAGE 14

(Place Notary Stamp in the area above)

(My Commission Expires)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 23-15)

I, the undersigned	, hereby certify that I	accept the nomination	n herein and that I ar	m a resident of and a	legal voter in the ju	ırisdiction of the office fo	or which
the nomination is I	being made.						

(Signature of State Senate Candidate)
(Drieted on Timesonittee Name of State County Condidate)
(Printed or Typewritten Name of State Senate Candidate)
(Residence Address of State Senate Candidate)
(residence Address of Glate Genate Gandidate)
(City or Town & Zip Code of State Senate Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement must be completed and filed with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:23-15:	
☐ I have not been convicted of any offense graded by Title 2C of the New Jersey State offense in any jurisdiction which, if committed in this State, would constitute such a	
☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes offense in any jurisdiction which, if committed in this State, would constitute such a	s as a crime of the first, second, third or fourth degree, or any a crime as follows:
1. Crime of conviction:	
2. Date of conviction:	
3. Place of conviction:	
4. Penalties imposed for the conviction:	
*As an alternative, you may submit with the statement a copy of an official document that proviction shall be provided. Records of expungentation shall be provided. Records of expungentations shall not be subject to disclosure.	
I certify the foregoing is a true and accurate statement.	
	(Signature of State Senate Candidate)
	(Printed or Typewritten Name of State Senate Candidate)
	(Residential Address of State Senate Candidate)
	(City or Town of State Senate Candidate) (Zip Code)